## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 03/22/2005

Docket Clerk P.O. Drawer 800889 Dallas, TX 75380

06/24/2005 FFANAIA3 00000087 10080986

01 FC:1501 02 FC:1504 03 FC:8001 1400.00 OP 300.00 OP 30.00 OP Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

(Depositor's name)

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/080,986	02/22/2002	Ronald A. Schachar	PRES06-00251	9951

TITLE OF INVENTION: SURGICAL BLADE FOR USE WITH A SURGICAL TOOL FOR MAKING INCISIONS FOR SCLERAL EYE IMPLANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	06/22/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	ן		
PANTUCK, BRADFORD C		3731		606-167000	_		
CFR 1.363).  Change of correspondedress form PTO/SB/ "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required.  ASSIGNEE NAME AN	ce address or indication of "Findence address (or Change of 122) attached.  ation (or "Fee Address" Indic or more recent) attached. Us  D RESIDENCE DATA TO E is an assignee is identified b in 37 CFR 3.11. Completion	Correspondence ation form e of a Customer BE PRINTED ON T	(1) the na or agents (2) the na registered 2 registered listed, no	nting on the patent front page, mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nate of patent attorneys or agents. I name will be printed.  If (print or type)  The patent of the patent of the patent of the patent of the patent. If an assignment.	a member a mes of up to f no name is 3	document has been filed for	
(A) NAME OF ASSIG	NEE	(B	) RESIDENC	CE: (CITY and STATE OR CO	OUNTRY)		
ReFocus Ocular, Inc.			Dallas, Texas				
Please check the appropria	te assignee category or catego	ories (will not be pr	inted on the p	patent): 🗖 Individual 🖾 (	Corporation or other private g	roup entity Government	
4a. The following fee(s) ar	e enclosed:	46	4b. Payment of Fee(s):				
🖄 Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)		ed)	Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies10		<del></del>	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0208 (enclose an extra copy of this form).				
a. Applicant claims The Director of the USPTC NOTE: The Issue Fee and interest as shown by the re-	1101 ()NI	37 CFR 1.27.	b. Applic	cant is no longer claiming SM/ ny) or to re-apply any previous e other than the applicant; a re	ALL ENTITY status. See 37 (	CFR 1.27(g)(2).	
Authorized Signature // Typed or printed name	Milliam A Munak		Registration No. 39,308				
This collection of informat	ion is required by 37 CED 1.3	111 The informatio	n in required	to obtain or retain a banefit by	sha aublic subjek is to file (a	ad but the HEDTO to manager	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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QOCKET NO.: PRES06-00251

Cystomer No.: 23990

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ronald A. Schachar et al.

Application No.

10/080,986

Filed

February 22, 2002

For

SURGICAL BLADE FOR USE WITH A SURGICAL TOOL

FOR MAKING INCISIONS FOR SCLERAL EYE

**IMPLANTS** 

Group No.

3731

:

Examiner

Bradford C. Pantuck

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## **CERTIFICATE OF MAILING BY EXPRESS MAIL**

The undersigned hereby certifies that the following documents:

- 1) Part B Issue Fee Transmittal (in duplicate);
- 2) Check in the amount of \$1,730.00 for issue fee (\$1,400.00), publication fee (\$300.00) and soft copies of patent (\$30.00);
- Fee Transmittal for FY 2005 (in duplicate); and 3)
- 4) A Postcard receipt

relating to the above application, were deposited as "Express Mail", Label No. EV640160262US with the United States Postal Service, addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 6

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William A. Munck Reg. No. 39,308

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE e Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/080.986 FEE TRANSMIT Filing Date February 22, 2002 For FY 2005 Ronald A. Schachar First Named Inventor **Examiner Name** Bradford C. Pantuck Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3731 TOTAL AMOUNT OF PAYMENT (\$) 1,730.00 Attorney Docket No. PRES06-00251 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 50-0208 Deposit Account Name: Davis Munck, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 n 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Number of each additional 50 or fraction thereof **Extra Sheets** Fee Paid (\$) / 50 = - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Issue Fee (\$1,400), Publication fee (\$300) and copies of patent (\$30) \$1,730.00 SUBMITTED BY Registration No. 39,308 Signature Telephone 972-628-3600 (Attorney/Agent)

Name (Print/Type) William A. Munck

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